FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

electronically. Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

PAICH DISCLOSURE IN

2010 JUL 19 AM 8: 00

COMMITTEE NAME (Must be same as on Statement of Orga	anization)	1		
Kingsolver for County Recorder	•	1 1	FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (1) (4)County Central Committee (5)County Candidate (8)City Candidate (8)County PAC (9)City PAC (10)School (11) Local Ballot Issue	2)State PAC (3)State Party	(R	DR-2 lev. 12/2009) er Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:			gged in	10100
Candidate Name Brian Kingsolver	Political Party (if applicable)			
	Democrat		mputer	
Office Sought County Recorder	District (if Senate or House)	Au	dited	
Late reports are subject to possible civil and criminal penalties. Pur candidate's committee, and the chairperson, for any other type of committee of penalties. Signature of penson filing report	suant to lowa Code sections 68B.32A(7) committee, is the Individual responsible for 7/2-385-8533	filing th	mely and accura	te reports.
	ICLEFTORE		DATES	GNED
I AM FILING A July 19th, 2010	REPORT FOR (1) ELECTION /(2)	NON-E	LECTION YEA	R.
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED		d Come	nittees, enter Dat	of Flortina
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.	Dissolution Form DR-3.	mly & Lo	r 2nd, 2010 ncal Committees, on is held	enter County in
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Tole committee. This amount MUST be the same as the continued of the last reporting period or must be zero if this is fire	ash on hand at the end	\$	150.00	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Altach Schedu	ile A) (*also see in-kind below)		100.00	
Schedule F: Loans Received total (Attach Schedule	F)	••••	0.00	
Schedule H: Total Sales of Campaign Property (Attac	ch Schedule H)		0.00	
(Schedule Happlies to Candidates' Comm				
(Schedule H applies to Candidates' Comm			250.00	
(Schedule H applies to Candidates' Comm	nittees Only)		250.00	
	nittees Only) SUB-TOTAL	\$	250.00 201.89	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	nittees Only) SUB-TOTAL	\$		
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (Schedule F: Loan Repayments total (Attach Schedule	SUB-TOTAL		201.89	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repo	SUB-TOTAL Su	\$	201.89 0.00 48.11	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repayments) **UNPAID BILLS (From Schedule D - Attach Schedule D)	SUB-TOTAL Sub-	\$	201.89 0.00 48.11	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repayments BILLS (From Schedule D - Attach Schedule D) **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule Sched	SUB-TOTAL SUB-TOTAL **also see debts and loans below) e F) ort balance must be zero)	\$	201.89 0.00 48.11 0.00 87.39	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repo "UNPAID BILLS (From Schedule D - Attach Schedule D)" "IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule "OUTSTANDING LOANS (From Schedule F - Attach Schedule	SUB-TOTAL SUB-TOTAL **also see debts and loans below) e F) ort balance must be zero)	\$	201.89 0.00 48.11 0.00 87.39 0.00	IO
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repayments) from Schedule D - Attach Schedule III KIND CONTRIBUTIONS (From Schedule E - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?)	SUB-TOTAL SUB-TOTAL **also see debts and loans below) e F) ort balance must be zero)	\$	201.89 0.00 48.11 0.00 87.39	10
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repayments BILLS (From Schedule D - Attach Schedule D) **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule Sched	SUB-TOTAL SUB-TOTAL **also see debts and loans below) E F) ort balance must be zero) ute E)	\$	201.89 0.00 48.11 0.00 87.39 0.00	IO

For Instructions, See Back of Form	Reset Form	SCHEDULE		
CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal funds)		A (Rev. 07/03)	MONETARY RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization) Kingsolver for County Recorder			CK THIS BOX IF NDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MIM/DID/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
06/17/10	ID#	Barb and Lynn Handy 1935 235th Street Percival Iowa 51648	Supporters	\$100.00	INCOME
	ID#	2010110101010			
	ID#				
	CK#				
	ID#		 	<u> </u>	
	CK#				
	ID#				r
	CK#			;	<u> </u>
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	CK#				L
	ID#				
	CK#				L
			SUB-TOTAL	\$ IG0.00	
		TOTAL (if last pag	pe of this schedule)	\$ 100.00	

[&]quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Donat Farm	
RESET LOUR	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAM	IE (Must be	same as on	Statement	of Organization

Kingsolver for County Recorder

D# Shirtworks Shirtworks Shirtworks Sheanadoah Jowa Sh	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
CK# Candidate Signs .com Magnetic signs 85.00 ID#	06/10/10		506 West Shreridan Street	Campaign Tee Shirts	\$ 116.89
CK# ID# CK# CK# ID# CK# ID# CK# ID# CK# ID# CK#	06/12/10		Candidate Signs .com	Magnetic signs	85.00
CK# ID# CK# ID# CK# ID# CK# ID#					
CK# ID# CK# ID# CK#					
ID# CK# ID#					
ID#		ID#			
ID#	 				
	<u>-</u>				
SUB-TOTAL \$ 281.89					L \$ 201.89

THIS BOY ADDI I	ES TO C	NUMBER OF COMMITTE	ES ONI Y

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/emittes providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lowa Code 68A-402(3)(1).)

Page		or	

\$ 201.89

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, S	SEE BACK OF SORIA
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Kingsolver for O	SCHEDULE IN-KIND (Rev. 06/97) CONTRIBUTIONS
Reset Form	CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISE
06/08/10	123 Print.com 4875 White Bear Parkway White Bear Lake Minnesota	y opposable)	CONTRIBUTION Campaign Banner	VALUE	CONTRIBUTIO
			SUB-TOTAL	\$ 87.39	
			TOTAL (if last page of this schedule)	8 7.39	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no tamilial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)